



888-768-5866

Information Needed For Proposal and Comparison

**NOTE:** To provide members with a comprehensive analysis of their coverage and to avoid unnecessary delays to retrieve information, we would ideally, for your benefit, request complete copies of the policies you are requesting proposals for. This provides us with 90% of the information we need and does not require you to complete this form. Moreover, by having copies, we can provide you with a Risk Analysis Report, comparing and contrasting the Expert Assurance Program coverage to that of your current carrier.

Please mail or fax us your policies. Fax. 801-268-2674 Alternatively, we may often provide a proposal if we are provided with the following:

Name of *Company* (ies) To Insure With FEIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**General Liability**

- 1. Primary Source of Revenue (i.e. appliance, furniture, electronics) \_\_\_\_\_
  - a. Est. Annual Revenues: \_\_\_\_\_

**Property Insurance**

- 1. Address of Each Location (please provide all locations, use separate sheet if needed):
  - a. Approximate Year Built: \_\_\_\_\_
    - i. Year of Any Updates (Electrical, Plumbing) \_\_\_\_\_
  - b. Type of Construction (Frame, Concrete, Steel): \_\_\_\_\_
  - c. Square Footage You Occupy \_\_\_\_\_
  - d. Building Limit (If coverage for Bldg Required) \_\_\_\_\_
  - e. Business Personal Property Limit (inventory/stock, desk, chairs, etc) \_\_\_\_\_
  - f. Specify Special Perils (e.g. Flood, Earthquake, Mechanical Breakdown) \_\_\_\_\_

**Commercial Automobile**

- 1. VIN Numbers For All Vehicles


- 2. Driver Info

NAME	Date of Birth	State & DL Number



For Workers Compensation, it is easiest if you can provide us with the first 3-5 pages of your workers compensation policy. These first few pages provide the critical information needed. Otherwise please provide the following:

Workers Compensation

1. Class Code Currently In Use

Table with 3 columns: Class Code (4-digit number), Est. Annual Payroll, Rate Currently Applied.

2. Experience Modifier \_\_\_\_\_

An Experience Modifier is a number which is established after an entity has been in business for at least three years. The number gives a general indication of where your loss frequency or severity resides in relation to others within your state and given area of business.

An average Experience Modifier is "1.00" and no credit or surcharge of premium is given. A "bad" Experience Modifier would reside above the 1.00. For example a 1.20 Exp. Mod. would indicate that your company has a 20% higher loss factor, either as a measurement of severity in losses or as a measurement of the frequent number of losses over the last three years. As such you are surcharged on your premium an additional 20%.

Conversely, if you have a Exp. Mod. that is lower than 1.00, say a 0.87. This would indicate that your loss experience is 13% better than the "norm/average". As a result you would receive a 13% premium credit on your workers compensation premium.

3. Anniversary Rate Date \_\_\_\_\_

If you are having Expert Assurance look at possibly moving coverage in the middle of a policy period, it is important to provide us with the Expiration Date (i.e. Anniversary Rate Date) of the current Workers Compensation policy so the Exp. Mod is not adversely impacted.

If You Have Any Questions, Please Contact Us.

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